

MONO COUNTY DEPARTMENT OF PUBLIC WORKS

Post Office Box 457 • 74 North School Street • Bridgeport, California 93517 (760) 932-5440 • Fax (760) 932-5441 • monopw@mono.ca.gov

Evan Nikirk, PE Director Kelly Garcia, PE Assistant Director

SOLID WASTE ACCOUNT APPLICATION

I hereby apply for an accoun	t against which fees I ind	cur at County disposal site	s may be charged:	
Applicant Name:		Phone:		
Mailing Address:				
Physical Address:		City	State Zip	
If applying as a business or p	oublic agency, please als	City so complete the following:	State Zip	
Business/Agency:		Fax:		
Contact Boroon:		Title:		
Optional – I want to restrict th	ne account and authorize	e charges only by the follo	wing person(s):	
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)			
I will most likely use the follo	wing disposal site(s):	(pleas	se check those that apply)	
☐ Benton☐ Benton Crossing	☐ Bridgeport ☐ Chalfant	ParadisePumice Valley	☐ Walker	
I understand that this account is charges are incurred. I assum account for a business or pub contracts on its behalf. I agre understand that non-payment o	e responsibility for any ar blic agency, I acknowledg e to abide by policies go	mounts owing on the accour ge that I am authorized to in overning account usage ado	nt. If I've established the nour debt and enter into pted by the County and	
Signature:		Date:		
		his form in full and submit curned to you upon account		
	Space below reserved for	Public Works use only		
SW Acct No:	Approved by:	Date	٥٠	